

MSGA Cardinal Choice Verification

Start Recording

Hi, my name is _____. Today is _____ (date), the time is _____ AM/PM. This call is being recorded for Compliance purposes, ok? **[Wait for response]** Your verification number **CHB-LM-073118**. Your agent of record is _____. --I am speaking with _____ correct? **[Wait for response]** Your name, as it appears on your identification is _____, correct? **[Wait for response]**

You understand that Accident and Sickness Hospital Indemnity Cardinal Choice Plan does not constitute comprehensive health insurance coverage, often referred to as “major medical coverage” and does not satisfy your obligation to secure “**minimum essential coverage**” under the Affordable Care Act, also known as “**Obamacare**,” and that you may be subject to a tax penalty? **[Wait for response.]**

Do you acknowledge that your agent has advised you that there is a specific timeframe for Open Enrollment in which you can enroll into a qualified Obamacare Plan and there are also special life events qualifying you to enroll OUTSIDE of open enrollment? **[Wait for response.]** For information regarding Open Enrollment dates and life qualifying events outside Open Enrollment dates and life qualifying events outside Open Enrollment, please visit www.healthcare.gov.

You understand that you purchased a Limited Medical (**NAME THE Specific POLICY or Policies**). You understand that you also purchased a *separate* policy (**NAME THE Specific POLICY or Policies**). (**NAME THE Specific POLICY or Policies**) has a *separate* cost and has benefits *separate* from the Limited Benefit Health Plan. You are not required to purchase (**NAME THE Specific POLICY or Policies**) in order to purchase your Limited Benefit Health Plan. You understand that (**NAME THE Specific POLICY or Policies**) is a *separate* policy and **NOT** a part of a bundled package with your Limited Benefit Medical plan. (**NAME THE Specific POLICY or Policies**) is a *separate* policy, if you contact the administrator to cancel your Limited Benefit Health Plan, it is important that you explicitly ask to cancel (**NAME THE Specific POLICY or Policies**), or the policy will stay in force and the administrator will continue to bill you.

A yes response is required for each of the following. If no, make correction required and confirm correction is accurate.

Your address is __, correct? Your phone number is _____, correct? Your DOB is _____, correct? Your e-mail address is _____ correct? **[Wait for response]**

[Only if dependents covered. Ask the following question for each dependent enrolled. A yes response is required for each. If no, make correction required and confirm correction is accurate]

The name and date of birth of each of your dependents is _____ and _____ is this all correct? **[Wait for response]**

You have chosen to enroll as a member in Med-Sense Guaranteed Association or MSGA, correct? **[Wait for response.]**

You understand that as a member of Med-Sense Guaranteed Association (MSGA) you are entitled to many valuable shopping & discount benefits, such as Lenscrafters vision club, 24/7 Nurseline, and hearing and prescription services. Is this correct? **[Wait for response].**

You understand that shopping and health discount membership benefits are NOT insurance and are not affiliated with, or provided by, the Accident and Sickness Hospital Indemnity Insurance carrier, Federal Insurance Company, a Chubb Company. **[Wait for response]**

You understand that MSGA Accident and Sickness Hospital Indemnity Cardinal Choice Plan plan contains Accident and Sickness Hospital Indemnity benefits, is that correct? **[Wait for response]**

You understand that you are able to purchase an MSGA plan on its own if you wish, is that correct? **[Wait for response]**

You understand that Accident and Sickness Hospital Indemnity Cardinal Choice Plan pays a fixed dollar amount for specified named medical expenses and will not cover all your medical expenses. It is not a major medical plan, nor should it be considered as a replacement for a major medical plan. **[Wait for response]**

Accident and Sickness Hospital Indemnity Cardinal Choice Plan Insurance plans are underwritten by Federal Insurance Company, a Chubb Company.

Applicant Statement:

You and the individuals named herein are eligible for insurance and understand that coverage will not begin until the Effective Date of _____. By continuing you acknowledge you have reviewed and accept the terms and conditions of coverage. You further understand that the coverage applied contains limited benefits, do you understand? **[Wait for response]**

Fraud Warning: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act, which is a crime. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the Applicant or Insured Person. **[Wait for response]**

[READ ONLY IF REAL VALUE SAVINGS IS INCLUDED]

In addition to your insurance policy, you have access to the Real Value Savings program a great way for you and your family to save money on out-of-pocket medical expenses. This cost savings program gives members access to pre-negotiated, lowered rates. With Real Value Savings, there are no:

- Claims forms
- Limitation on usage
- Age restrictions

As a member of Real Value Savings, you and your family will have access to discount programs such as Outlook Vision, Pet Rx, Prescription Rx Benefits, Chiropractor Care, Laboratory Savings Program, along with many other savings programs. A complete listing of program benefits is available at www.hiiquote.com. Do you understand that Real Value Savings is neither provided by nor associated with Federal Insurance Company? **[Wait for Response]**

[Only read if the following was purchased] **PEP:** This also includes a benefit for PEP. PEP is an online personal health and wellness program designed to help members achieve goals regardless of age, gender or level of fitness. PEP offers members access to health calculators for easy tracking and self-assessments; health information from a professional staff; daily health tips on nutrition, weight loss, and exercise and disease prevention; as well as the ability to obtain the same core workouts used by many professional athletes. You understand there is a \$ _____ onetime cost for PEP services. Is this correct? [Wait for response] This benefit is not affiliated with _____. You understand this, correct? [Wait for response.]

[Only read if the following was purchased] **Teladoc:** Included in the monthly cost is the Teladoc benefit. With Teladoc, you have access to a National Network of Board Certified Physicians who provide diagnostic consultations for routine illnesses via phone or video 24 hours a day, 365 days a year. There is a one-time registration cost of \$10 required before the first consultation. All future calls are guaranteed within one hour, and the consultation is at no cost to you. Every participant is given a user name and access to their Teladoc fulfillment document online. Teladoc is not part of the insurance plan nor is it affiliated with [Carrier]. You understand this, correct? [Wait for response.]

Teladoc operates subject to state regulations. Only video consultations are available in the state of Idaho and the states of Arkansas and Delaware require the first consultation to be performed via video. All subsequent consults can be phone or video.

[Only read if the following was purchased] Rx Helpline: Included in the monthly cost is the RX Helpline Prescription Advocacy program. The RX Helpline is a prescription savings program that helps you save money on your prescription medications. Rx Helpline is not part of the insurance plan nor is it affiliated with _____. You understand this, correct? [Wait for response]

ScripPal: As part of your membership, you will also receive a discount pharmacy and medical savings card. ScripPal Rx will allow you to save an average of 46%, with potential savings of up to 75%, at more than 60,000 pharmacies nationwide. This card can be used for your entire family, including pets and it never expires. Discounts are available exclusively through participating pharmacies and providers. The range of discounts will vary depending on the type of provider and services rendered. This program does not make payments directly to providers. Members are required to pay for all health care services. Pharmacy locator and prescription drug look-up is available at www.yourdiscountrx.com/scrippal/. This benefit is not affiliated with _____. You understand this, correct? [Wait for response.]

Karis360: In addition, you will have access to Karis360 services. With Karis360 you have a team of expert Patient Advisors who work with you to assist in navigating the world of healthcare. With a suite of dedicated services, Karis360 will help you take the hassle out of healthcare, saving you valuable time and money. Services include: Physician Search, Appointment Scheduling, Medical Bill Mediation, Insurance Policy Assistance, and more. Karis360 is not a part of the insurance plan, nor is it affiliated with _____. You understand this, correct? [Wait for response]

A one-time registration charge for PEP will be applied to your 1st month's plan cost of \$ _____. Do you understand? **[Wait for response]**

Your first month's plan cost and monthly membership dues will be \$ _____. Do you understand? **[Wait for response]**

All subsequent monthly plan cost and membership dues will be \$ _____. Do you understand? **[Wait for response]**

Your total plan cost and membership dues will be applied to the [bank or credit card] account you provided your agent. Do you understand? **[Wait for response]**

Your first monthly cost and membership dues will be applied to your account on _____. Do you understand? **[Wait for response]**

Your monthly recurring billing date will be the _____ of every month. Do you understand? **[Wait for response]** You understand that if you cancel your membership or if we are unable to collect your payment on your bill date your membership and benefits will be cancelled. Do you understand? **[Wait for response]**

You understand you are signing up for an automatic payment plan. Do you agree that Health Insurance Innovations ("HII") or its authorized agent may automatically debit your bank account or credit card for the amount due on or around the payment due date? **[Wait for response]**

If the above-noted periodic payment dates fall on a weekend or holiday, the payment may be executed on the next business day.

You understand that because this is an electronic transaction, these funds may be withdrawn from your account as soon as the above-noted periodic transaction dates. You agree that HII or your financial institution can cancel automatic payment for your account for any reason, at any time, with or without prior notice to you. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF), you understand that HII or its agent may, at its discretion, attempt to process the charge again within 30 days, and you agree to an additional \$25.00 charge for each attempt, which will be initiated as a separate transaction from the authorized recurring payment. You acknowledge that the origination of these debits to my account must comply with U.S. laws. This payment authorization is for the type of bill indicated above.

You certify that you are an authorized user of this credit card or bank account. You agree not to dispute this recurring billing with your bank or card issuer so long as the transactions correspond to the terms indicated in this authorization form. **[Wait for response]**

30-DAY Free Look PERIOD

Now after you're enrolled, you will have 30-days from the date you receive your fulfillment material to cancel. You will also receive an email from Support@hiiquote.com allowing you to login, using your email address, to review your membership benefits including your Limited Benefit Health Insurance Limitations and Exclusions – please make sure you do this. To request a copy of your policy benefits and limitations be mailed to you at no additional cost, call HII Customer Support at 1-877-376-5831. If you decide to cancel within the 30-day Free Look Period, you will receive a refund of your 1st month's membership only. If you submit a claim for insurance your membership will be deemed accepted and you will not be eligible for any refund.

I authorize Health Insurance Innovations, Inc. and its agents or independent contractors to contact me at my current landline and/or cellular number and any future cellular phone number, email address, or wireless device with information related to my account, my policies, or to receive general information from HII. I also authorize HII and its agents and independent contractors to use automated telephone dialing equipment, artificial or pre-recorded voice or text messages, and emails in their efforts to contact me. Furthermore, I understand that this consent is not a condition for my membership in MSGA, and I may withdraw this consent at any time by submitting my request in writing to HII.

If you agree and consent to this communications authorization, please say 'I agree.' **[Wait for response.]**

I consent to use of electronic signatures of documents which would otherwise only be valid if they were in writing.

We want to confirm that you agreed to the completion of your application for the Insurance Plan and any applicable benefit programs over the telephone, and that the plan benefits, legal notices and cost of the insurance were reviewed with you. You agree that your voice consent will serve as your signature. I understand that Health Insurance Innovations, on behalf of its partners, will rely on my signature as consent to receive the documents electronically unless I revoke this consent. I can update my information or revoke this consent at any time by calling HII at 877-376-5831 or emailing support@hiiquote.com. If I decide to withdraw my consent, the legal validity and enforceability of electronic transactions and signatures used prior to the withdrawal will not be affected. I may request specific documents at no cost in paper form at any time without revoking this consent. I agree to review the application produced by this voice signature carefully to ensure my understanding of all provisions of the coverage.

If you are in agreement with this consent, please say yes.

Your verification is now complete. I'm going to provide you our customer service phone number; do you have a pen and paper? **[Wait for response]**

Our customer service number is 877-376-5831. You can call to discuss any billing, member benefits, customer service or cancellations. Thank you.